

CONSERVATION OF CHILDREN.

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The death rate of children under five years of age in the United States is close to 300,000 per year. If our losses from the war were that great we would think it a great calamity, yet our children slip from us one at a time and we hardly miss them. There is no better time than now to talk about the conservation of our children. The lives of our men are being sacrificed, a goodly number of those who return, will return physically unfit, then what will we depend upon for the future strength of our Nation? The logical answer is that the babies of this generation are the citizens and soldiers of the next. In them lies our greatest hope, our greatest asset, and our Nation's future strength.

I have been in the practice of medicine more than thirty years, and during that time have seen many babies born, and die. Have seen more die than should have died under proper care and management. We know that the death rate among the poorer class of patients is too high, and yet to this class we look in large measure for increase in our man power which is being depleted so rapidly. If we are depending on the poorer classes to increase our man power, then our duty as physicians is to do every thing in our power to make their lives easier and better. The state tries in every way to give us better potatoes, corn, apples, and citrus fruit, and looks after our live stock, and farming industry, but what do we as a state or county do for our children? We have farm advisors, horticultural commissioners, bee inspectors, weight and measure inspectors, all drawing state and county salaries, while in Ventura county we do nothing for the betterment of our babies.

Mr. A is a man who has never added anything of value to our state or country, has lived a life of drunkenness and squandered his income by dissipation and riotous living. Reaching old age, the county takes him in, feeds and cares for him, and when he dies buries him. Mr. B is the father of six or eight children, sober, honest and industrious, yet poor, his wife broken down by hard work and the care of the children, never a day to call their own, the children know nothing but poverty and work from day to day in order to make a meager living; what does the state or county do for that man or his family? If the man was to die, the wife could draw a small state or county pension for the support of her family. If the rich and well-to-do people are not going to raise families, as statistics show, then it is their duty, and our duty to see that these poor children are taken care of. If we raise our children for the support and defense of our country, and our country has a right (which I think it has) to take our children, then it is the country's duty, and the state's duty, and our duty, as physicians, to do everything in our power to make those children as nearly 100 per cent. efficient as we know how. Now how can this be done in order to save more of our babies, and make them better men and women for our country?

First, I would give every needy mother a pension for the care and support of her children up to a certain age. I would pension according to the number of children, making the pension for the first two or three very small, and increase as the number increases. In that way the poor people would be assured of some protection and care for their children, and it would eliminate to some extent the dread of child-bearing. The pension system would make better men and women, increase our man power, place us more on an equality, give us better education as a nation, and would eliminate a great deal of poverty, illiteracy and crime, as crime is often the result of poverty.

In the second place every town should be provided with a small cottage children's hospital, where a sick child could be taken and cared for at the minimum of expense. A ward should also be arranged where the mother could take her child and care for it herself, under the instruction of a good nurse, whose duty it should be to see that the mother fully understood the physician's orders, and followed them. Such a home could be arranged at moderate expense, and any deficiency in the management could be met by the county.

Thirdly, each county in the state should have a dietetic nurse. In Ventura county she should be able to speak Spanish as well as English. Her duties should be to go over the county, the same as the farm advisor, and give practical demonstrations on the preparation of food for the children, the care and handling of milk, bottles and nipples, bathing and care of babies, and the danger of contaminations by flies and filth. Whenever we get the mothers educated to give their children proper food and care, and to segregate sick children from well, and to properly quarantine contagious diseases, and convince them of the danger of exposing their children to contagions, a great part of the conservation of children will be accomplished. An ideal way for the nurse to travel would be by an automobile converted into a truck, with a cabinet kitchen built on, completely furnished with all necessary equipment, including a gas stove. By such an outfit she would have an independent way of travel, and would always be supplied with necessary equipment for her demonstrations. The effect of such an education on the young women of the country would soon be shown by the death rate of our babies. Many of these women are ignorant, but they want to, and will learn if given an opportunity.

Fourthly, a committee of three physicians should be appointed by the president of this society, to get up a little pamphlet, to be printed both in English and Spanish, for the expectant mother, and the care of her child.* This pamphlet should be signed by the Ventura County Medical Society, also countersigned by the physician giving it out. At the time of birth, a complete record of the child should be made by the attending physician, as to name and nationality of parents, sex, weight, length, and general physical condition of the bones, spine, lungs and heart, in duplicate, one for the

* See editorial September issue on Child Welfare.—Editor.

mother and one for the physician. Every three months thereafter the mother should bring the child to the physician for a thorough examination, for the condition of growth, development of muscular system, the bones, lungs, heart, throat and digestive organs, spine and mental condition of the child, should be registered, once more in duplicate, one for the mother and one for the physician. This should be continued until the child is at least six years old. The advantage of a duplicate registration would be for the mother, if she changes her location, or changes physicians. By keeping such a record, it would show the mother, as well as the physician, the growth and condition of the child, and stimulate more of an interest in its welfare. It would also enable the physician to keep in better touch with his patients. The birth of the child should be promptly put on record, also the death, for only by comparison is our success or failure known. The child at some time during the first year should be vaccinated, and, if a male having a long prepuce, should be circumcised, for elimination of diseases as well as for cleanliness. By so doing we will have taken a long step toward the conservaton of our children.

DIVERTICULA OF THE FEMALE URETHRA.*

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The importance of diverticula of the various viscera has been especially emphasized during the last few years. While some structures are thus affected more frequently than others, there are authentic cases on record in which sacculations have formed in practically all the hollow viscera.

By urethral diverticula or pouches, we mean cavities of larger or smaller size which communicate with the urethra and at times contain urine. In general, they may be classified into true diverticula and false diverticula; the former are lined with urethral mucosa while the latter have no definite lining membrane but extend into the paraurethral tissues.

In 1867, Priestley¹ published a typical case and gave an excellent description of the clinical history. When his patient was eight months advanced in pregnancy, a swelling appeared at the orifice of the vagina, which was not very sensitive to touch, but was attended by forcing pain, and a sense of something about to protrude. When labor came on, a soft tumor, like a small egg, was found attached to the neck of the bladder, and projected into the vagina. Although all possible care was exercised in supporting it during the passage of the foetal head, the pressure to which it was subjected had the effect of bursting it, and a quantity of thick fluid was discharged by the urethra. No further discomfort arose from it at the time, beyond some slight irritation of the bladder; but when she began to go about again, the swelling reappeared as before, and from time to time discharged a quantity of semi-puriform matter.

"On examination, an elastic swelling of the size

of half a hen's egg was found lying in the vaginal orifice. It was not unlike a cystocele, but was rounder in form, with a narrower base and it was attached not to the bladder, but to the posterior wall of the urethra. On squeezing it, a mixture of urine and pus flowed from the urethra to the extent of half an ounce, and the swelling collapsed. On passing a probe along the urethra, it passed first into the bladder but by a little manipulation, it entered a small orifice leading to the cyst and the point was felt in the cavity of the cyst through the anterior vagina wall. The tumor did not form again until the next time for emptying the bladder, when a portion of urine always passed into the cavity, which seemed like a diverticulum in the course of the urethra." Temporary relief was obtained by the use of an especially designed pessary.

Two other cases were reported by Priestley; one in which sebaceous-like material was discharged from the urethra; and the other one presented a cyst in the anterior vaginal wall, directly under the urethra but showed no communication with it. He considered their origin to be from pre-existing glandular structures of the urethra.

In 1875, Lawson Tait² reported one case in which the diverticulum was excised and found to be lined with mucous membrane. Also, in 1885,³ he reported three other similar cases. Regarding the etiology, he states: "The first, and I think the most likely of these is that there is, as the origin of this condition, an error of development by which a small off-shoot of the urethra, like a diverticulum of the intestine, is the result of faulty union of the perineal folds, and that this becomes of pathological importance when women become accustomed to those errors of urination to which they are all more or less addicted. The second explanation is that this urethrocele is formed by the union between the urethra and a cyst of pathological origin in the roof of the vagina. But I am disposed to regard the former as the more likely of the two from the extraordinary similitude which all my four cases have presented and from the fact that I have never seen any cysts at all like them in a position that such a communication with the urethra might take place."

Routh,⁴ in reporting three cases, says: "Their etiology seems to be (1) closure of the ducts of pre-existing urethral glands, retention cysts resulting. Suppuration and ulceration into the urethra by a small, often valvular hole follows and the inflammation is kept up by urine trickling into the sac at each micturition; (2) blood cysts that have passed through similar changes; (3) the formation of pseudo-cysts by injury to the urethral floor during labor or menstruation."

Braxton Hicks had seen five cases. In one case, the cavity was filled with phosphatic concretions. He opened the cavity in each case and kept it open until the urethral opening closed, which usually occurred after a short time. Winckel⁵ records two cases which he thinks were due to inflammation of the urethral lacunae. In one of these, the walls of the cyst consisted of muscular tissue and the inner surface was lined with pavement epithelium.

In 1906, Watts⁶ reviewed the cases of urethral diverticula in the male and was able to collect sixteen cases from the literature. Of these cases, nine were under five years and only five were over

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